

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s); to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000

i	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.								
;	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 32425 7590 11/08/2004				Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	FULBRIGHT & J 600 CONGRESS A SUITE 2400 AUSTIN, TX 7870	FEB	FB 1 1 2005 & 8		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the UPPTO (703) 746-4000, on the date indicated below.				
02/15	/2005 NWOLDGE2 000000	•				Steven Highlander, Esq. (Depositor's name)			
		30.00 OP	RADEMARY					(Signature)	
01 FC: 02 FC:			Feb	rujany 8,	(Date)				
Γ	APPLICATION NO. FILING DATE		FIRST NAMED INV		INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
L	09/544,045	Brian L		ee Sauer		OMRF 178	8128		
ſ	APPLN, TYPE SMALL ENTITY		ISSUE	ISSUE FEE		TON FEE	TOTAL FEE(S) DUE	DATE DUE	
L	1	YES	\$685		I		\$685	02/08/2005	
	nonpravisional YES		\$083		\$0		\$003	02/08/2003	
[, EXAMINER		ART UNIT		CLASS-SU BCLASS			•	
	AMBERTSON, DAVID A		1636		435-007400				
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 3 registered attorney or agent) are not of the same o					
`	PTO/SB/47; Rev 03-02 of Number is required.	r more recent) attached. Us	e of a Customer	f a Customer 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
_	. ASSIGNEE NAME AND	NEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
	PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	by, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for this form is NOT a substitute for filing an assignment.					
	(A) NAME OF ASSIGNE	BE .	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Oklahoma Medical Research Foundation Oklahoma City, OK									
P	lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government								
4	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
	Issue Fee	A check in the amount of the fee(s) is enclosed.							
	☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 100			Payment by credit card. Form PTO-2038 is attached.					
	Advance Order - # of Copies 100 The Director is hereby authorized by charge the required fee(s), or credit any overpart Deposit Account Number 0_1212/OMRF:058089681. Account Number 0_1212/OMRF:058089681.							credit any overpayment, to copy of this form).	
5	5. Change in Entity Status (from status indicated above) 2 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 3 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)							FR 1.27(g)(2).	
T N ii	he Director of the USPTO is IOTE: The Issue Fee and Punterest as shown by the recon	Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. IE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in test as shown by the records of the United States Patent and Trademark Office.							
		February 08 2005							

Authorized Signature

Typed or printed name _

Highlander Steven

37,642 Registration No. _

This collection of information is required by 7 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

